

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

April 24, 2002

Re: IRO Case # M2-02-0539-01

___ has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule 133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IRO's, TWCC assigned this case to ___ for an independent review. ___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, ___ received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a physician who is Board Certified in Neurological Surgery. He or she has signed a certification statement attesting that no known conflicts of interest exist between him or her and any of the treating physicians or providers, or any of the physicians or providers who reviewed the case for a determination prior to referral to ___ for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The ___ reviewer who reviewed this case has determined that, based on the medical records provided, the requested treatment is medically necessary. Therefore, ___ disagrees with the adverse determination regarding this case. The reviewer's decision and the specific reasons for it, is as follows:

This is a case of a 49-year-old male who was lifting 50 lb boxes on ___ and developed low back pain. By 6/15/01 the pain extended into his lower left extremity with associated numbness in the left lower extremity. On 6/19/01 MRI showed central herniation of disk without significant nerve root trouble. The patient had no weakness or bladder trouble, but continued to have discomfort in his back and left lower extremity. A CT scan associated with myelographic evaluation was negative for any nerve root compression. Electromyography 11/9/01 suggested radiculopathy bilaterally.

I disagree with the decision to deny a lumbar discogram and CT scanning. The major reason is that various tests have been performed without reaching any conclusions regarding a therapeutic approach to the patient's problem. The one test that, on occasion at least, is helpful in this situation is discography. If the patient's problems of back pain with extension into his left lower extremity were produced by discographic evaluation at one particular

level, it would certainly point to that level as the source of his trouble, and a therapeutic approach involving surgery could well be helpful.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing. A request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin. Code 148.3). This decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a hearing should be sent to: Chief Clerk of Proceedings, Texas Worker's Compensation Commission, P O Box 40669, Austin, TX 78704-0012. A copy of this decision should be attached to the request.

The party appealing this decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute.

Sincerely,

President

I hereby certify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or US Postal Service from the office of the IRO on this _____ day of _____ 2002.

Signature of IRO Representative:

Printed name of IRO Representative: